**Goods Receiving Form**

No :  
Supplier Code :   
Supplier Name :  
DO Code :  
DO Date :  
Address :  
Telephone :  
Contact Person :

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| **No** | **Item Code** | **Item Name** | **UOM** | **Qty** | **Unit Price** | **Amount** |
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Checked by : Date : Signature :

Approved by : Date : Signature :